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Testimony of Patti M. LaMonica RN, MSN

SB 243, AA Requiring Acute Care Hospitals to Make Forensic Nursing Services Available to Patients

Senator Handley, Representative Sayers, and members of the Public Health Committee, my name is Patti LaMonica, and I am currently the Director of Nursing for Emergency Services at St. Francis Hospital and Medical Center. I also work on a per diem basis at Charlotte Hungerford Hospital as a staff nurse caring for patients in the Emergency Department (ED). I am a Sexual Assault Nurse Examiner (SANE) and an instructor in the forensic program at Quinnipiac University, teaching the Sexual Assault Forensic Examiner (SAFE) course that is offered on an annual basis to RNs and MDs. I am a member of the Emergency Nurses Association (ENA) and the International Association of Forensic Nurses (IAFN). Additionally, I am an appointed member of the State of Connecticut Commission on the Standardization of the Collection of Evidence in Sexual Assault Investigations. I have been an active member of the SANE/SAFE Coalition, and am here with support from the Connecticut Chapter of the IAFN, the ENA, and the Directors and Managers of many EDs in Connecticut.

Based upon current and past professional experiences along with many unique opportunities, I have been intimately exposed to most aspects of care related to victims of sexual assault and feel strongly confident in encouraging you to support the development of a state funded SANE/SAFE program. Such a program would provide access to a forensically trained care provider for all hospitals in Connecticut.

Statistics show that one in three females and one in six males are sexually assaulted in some way during their lifetimes. Effects of sexual assault on individuals can be devastating, ranging from lifetime suffering to death. Sadly, very few of these victims seek help. The reasons are

numerous but data demonstrates that some reasons reflect lack of expertise in care providers along with systems to assure care.

Most victims of sexual assault in Connecticut who seek care will go to their local EDs. The State of Connecticut has proactively provided a standardized kit to collect forensic evidence for sexual assault victims, a standardized kit to collect toxicology forensic evidence for drug facilitated sexual assault, guidelines for care of the sexual assault victim, and reimbursement to hospitals for the collection of forensic evidence. Yet, the system isn't complete.

One of the most challenging types of patients for ED staff is the sexual assault victim. ED staff prioritize care to patients with life-threatening emergencies first. Although some victims of sexual assault have life-threatening injuries, most do not and therefore are not a priority and wait in EDs for care, sometimes for as long as eight hours or more. When care is provided, it may not be fully appropriate to the needs of that patient, such as the expert forensic exam, evidence collection, and objective documentation which is so critical to the case if it goes forward for prosecution.

Emergency department managers struggle to keep nurses and physicians trained and up to date with patient care standards. It is a bonus to have trained sexual assault forensic examiners working in the department, but even with that, they are not always available when a sexual assault victim enters the system for care.

As a Nursing Director of Emergency Services, I have participated in establishing three SANE/SAFE programs sponsored by three different EDs in Connecticut, providing immediate access to a SAFE for each sexual assault patient. One program is currently in place at St. Francis Hospital Emergency Department, however the other two have dissolved. This has also been the experience of other EDs in Connecticut who have set up similar programs. The programs are difficult to sustain. With natural staff attrition, some of the SANE/SAFE also move on. On top of this is the ever-challenging nursing shortage in addition to emergency department overcrowding. Smaller hospitals also have difficulty accessing enough staff in their departments or hospitals to develop a program.

In my experience, the measures of a successful program includes the following: timely access to an examiner at all times, expertise in medical, nursing, and forensic care including the most complex patients, meeting all standards of care as defined by the IAFN, patient satisfaction with care, and increased prosecutions.

SANE/SAFE Programs promote collaboration with other community professionals such as police investigators, state prosecutors, and the advocates from Connecticut Sexual Assault Crisis Service and the Office of Victim Services. At one program that I helped establish in a hospital with 50,000 annual emergency visits and approximately 50 sexual assault patients each year, we were able to achieve a one hundred per cent conviction rate on all of the cases that were prosecuted over the course of several years seeing a decrease in prosecution time. This same phenomenon has also been demonstrated in other states with similar programs such as Massachusetts.

Return on investment for the State of Connecticut could be measured and similar to that as described above. We would provide the best possible care to the citizens of Connecticut and see a decrease in dollars spent for prosecution fees.

Thank you for your attention and consideration of a state funded rapid response SANE/SAFE program.

